

# ACCESS TO PAID FAMILY AND MEDICAL LEAVE FOR PEOPLE WITH DISABILITIES

September 2021



**OFFICE OF DISABILITY EMPLOYMENT POLICY**  
UNITED STATES DEPARTMENT OF LABOR

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## Introduction

In April 2021, President Biden’s American Families Plan called for the creation of a national comprehensive paid family and medical leave (PFML) program.<sup>1</sup> This program would ensure workers receive partial-wage replacement to take time to bond with a new child, care for a seriously ill loved one, heal from their own serious illness, deal with a loved one’s military deployment, find safety from sexual assault, stalking, or domestic violence or take time to deal with the death of a loved one. To better understand the current landscape, this brief examines access to PFML for wage and salary workers, with a focus on a particular population for whom leave can be especially critical: workers with disabilities.

Presently, there is no federal law requiring non-federal employers to provide PFML to workers. The United States is one of a small number of high-income countries without a national paid family caregiver or medical leave policy.<sup>2</sup> Additionally, the United States remains the only Organisation for Economic Co-operation and Development (OECD) country without a national paid parental leave policy for its general workforce.<sup>2</sup>

Certain state-level policies provide some workers with cash benefits for family or medical leave. As of September 2021, nine states and the District of Columbia either have active PFML programs or are implementing PFML programs (See Appendix 2 for more details).<sup>\*</sup> In the rest of the country, employers may voluntarily provide PFML to employees, but access varies widely depending on the type of leave and by worker and employer characteristics. There is evidence of disparities in access to all forms of paid leave based on earnings, full-time status, race and ethnicity, and other factors.<sup>3,4,5</sup> Workers with disabilities are disproportionately employed in part-time and low-wage jobs that typically have lower access to paid leave, though there are no published estimates of access to PFML for workers with disabilities.<sup>6,7</sup>

Over the course of a career, most workers, including those with disabilities, will experience family and medical life events that demand time away from work.<sup>†</sup> During such periods, income and job protection are critical. Evidence suggests that PFML leads to favorable outcomes for employees and their families, employers and the public alike (see Appendix 3 for more details). Access may have the greatest impact on low-wage earners who, in the absence of PFML, are more likely to experience severe financial hardship and/or seek help from public assistance programs to cover lost wages.<sup>8,9</sup> A recent study estimated that workers and their families lose \$22.5 billion in wages each year taking unpaid family and medical leave.<sup>10</sup>

PFML could be especially important for both workers with disabilities and workers who are caregivers to family members with disabilities. Workers with disabilities may be more likely to need to take medical leave than those without disabilities, and generally have lower income and fewer savings to rely on when they do.<sup>11,12</sup> Among all workers, the most common reason for using family and medical leave is for one’s own serious health condition, including ongoing health conditions such as a disability.<sup>5</sup> A recent study found that

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<sup>\*</sup> Paid Family and Medical Leave (PFML) commonly refers to partially or fully compensated time away from work for specific family caregiving needs such as the arrival of a new child or serious health condition of a close family member (paid family leave), or for an employee’s own serious medical condition (paid medical leave). The American Families Plan PFML proposal also includes paid leave to deal with a loved one’s military deployment, find safety from sexual assault, stalking, or domestic violence, or take time to deal with the death of a loved one.

<sup>†</sup> Family and medical leave typically applies for events that require weeks or months away from work and is distinct from sick leave, which typically applies for events hours or days in length. See Appendix 1 for additional details on sick leave and family and medical leave types.

workers who took Family and Medical Leave Act of 1993 (FMLA) qualifying leave for ongoing health conditions were less likely to receive pay and more likely to experience financial difficulty while on leave compared to other workers.<sup>13</sup> Further, PFML would provide income protection to workers who need to take time off to care for family members with disabilities. In 2020, about 1 in 5 adults report providing care to an adult at home and 6 in 10 caregivers report working while caregiving; most working caregivers report they had to cut back on working hours or take leave to meet their caregiving responsibilities and were likely to report high financial strain.<sup>14</sup> However, there is limited evidence on access, use and impact of PFML on people with disabilities.

## Methodology

This brief uses the most recent publicly available data from the 2017-2018 American Time Use Survey Leave and Job Flexibilities Module (ATUS-LJFM), linked to Current Population Survey (CPS) data, to examine access to PFML for workers with and without disabilities.<sup>15</sup> Sponsored by the U.S. Department of Labor Women's Bureau, the Leave and Job Flexibilities Module was fielded in 2011 and 2017-2018 as part of the ATUS. In the 2017-2018 module, there were 10,718 respondents in the ATUS-LJFM (for more information on the ATUS-LJFM, see Bureau of Labor Statistics 2018 & 2021).<sup>16,17</sup>

The ATUS-LJFM asks respondents about access and use of various paid leave types and has direct relevance towards understanding access to PFML among wage and salary workers. We define comprehensive PFML as access to paid leave for all of the following: a worker's own illness or medical condition, to care for a sick family member, birth or adoption of a child and personal reasons. Access to any PFML type indicates the worker has paid leave for at least one of the four PFML types.<sup>‡</sup> We include access to paid personal leave to account for certain leave types described in the American Families Plan that are not explicitly measured in the ATUS-LJFM, such as paid leave for bereavement, a family member's military deployment, or seeking safety from sexual assault, stalking, or domestic violence.

Further, the ATUS includes measures of earnings, industry and occupation. Additional demographic and labor force information, including respondents' disability status, are included in the CPS.<sup>18</sup> We classify people as having a disability if they answer "yes" to any one of six questions asking about functional difficulties.<sup>19</sup> Using the ATUS-LJFM and linked CPS data, this brief presents estimates of access to PFML for wage and salary workers by disability status and examines factors related to access such as race/ethnicity, earnings, education, unionization, industry and occupation.

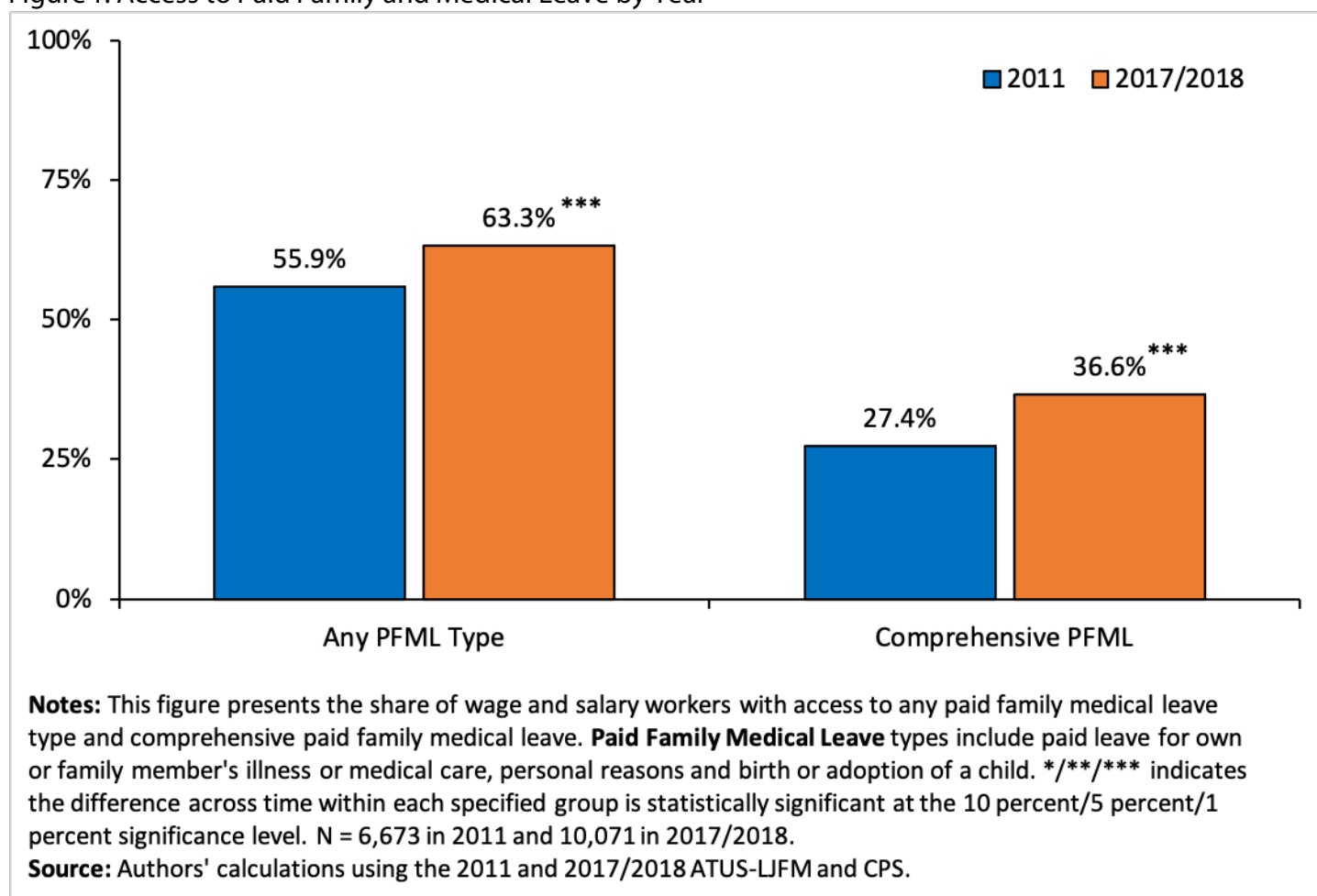
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<sup>‡</sup> The ATUS-LJFM does not provide details on the duration of paid leave, and it is not possible to distinguish between paid leave that would be covered under sick leave compared to medical leave (for more details see Appendices 1 and 5).



Access to PFML has increased over time, but a substantial portion of the workforce remains without coverage.

Figure 1. Access to Paid Family and Medical Leave by Year



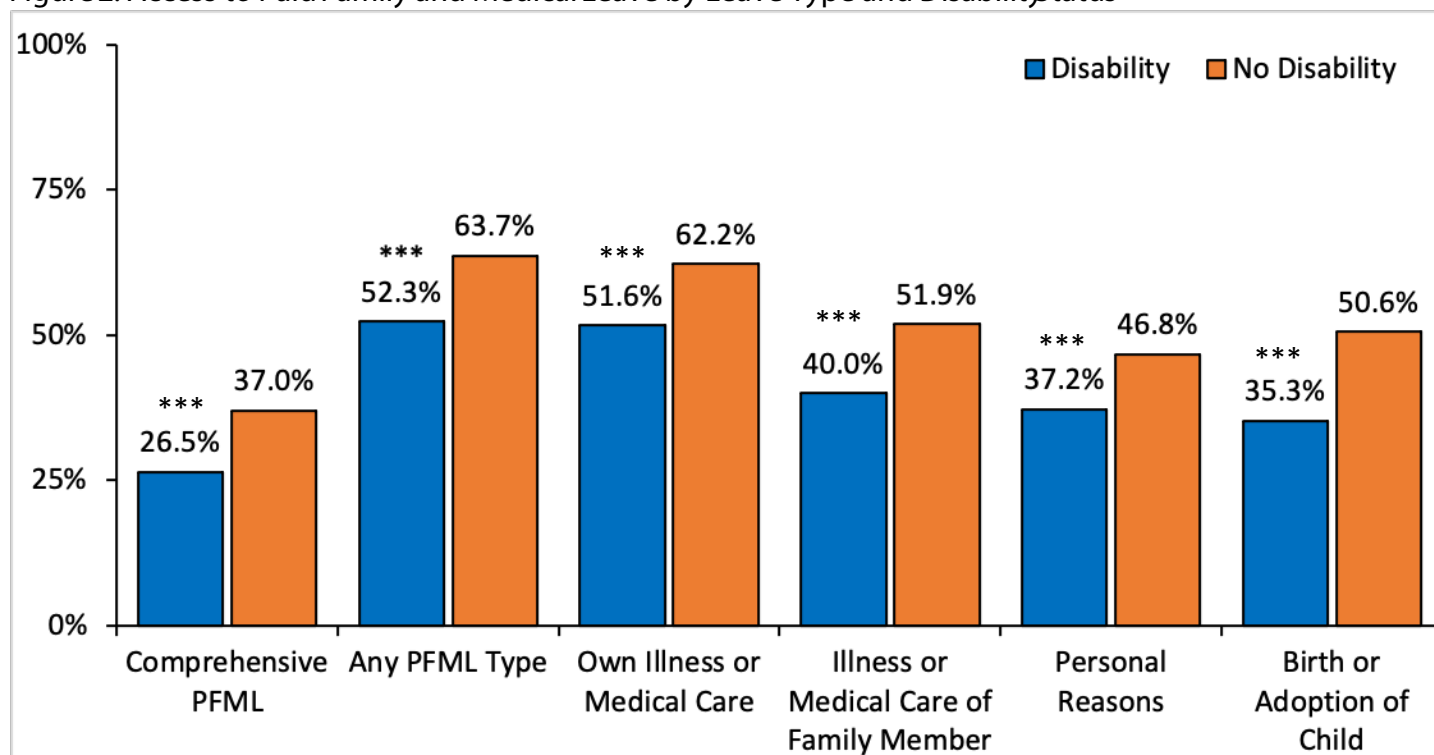
Nearly two-thirds (63.3 percent) of wage and salary workers had access to at least one PFML type in 2017/2018, up from 55.9 percent in 2011.

Over one-third (36.6 percent) of wage and salary workers had access to comprehensive PFML in 2017/2018, up from 27.4 percent in 2011.

<sup>§</sup> ATUS-LJFM respondents may answer “Yes”, “No”, or “Do Not Know” to questions about access to different types of paid leave. The analysis in this brief records individuals who said “Yes” as having access to the specified paid leave type, and those who respond “No” or “Do Not Know” as not having access. Excluding the “Do Not Know” responses yields similar estimates of access to PFML. The results are available upon request. See Appendix 4 for more details.

Workers with disabilities have lower access to all PFML types compared to workers without disabilities.

Figure 2. Access to Paid Family and Medical Leave by Leave Type and Disability Status



**Notes:** This figure presents the share of wage and salary workers who reported that they receive paid leave in their main job (the job in which they usually work the most hours), by type of leave and disability status. \*/\*\*/\*\* indicates the differences between people with and without disabilities is statistically significant at the 10 percent/5 percent/1 percent levels. Paid family medical leave types include leave for one's own illness or medical care, illness or medical care of a family member, personal reasons and birth or adoption of a child. N = 373 for workers with disabilities and 9,698 for workers without disabilities.

**Source:** Authors' calculations using the 2017/2018 ATUS-LJFM and the CPS.

A smaller share of workers with disabilities have access to comprehensive PFML leave compared to workers without disabilities, and the differences are statistically significant.

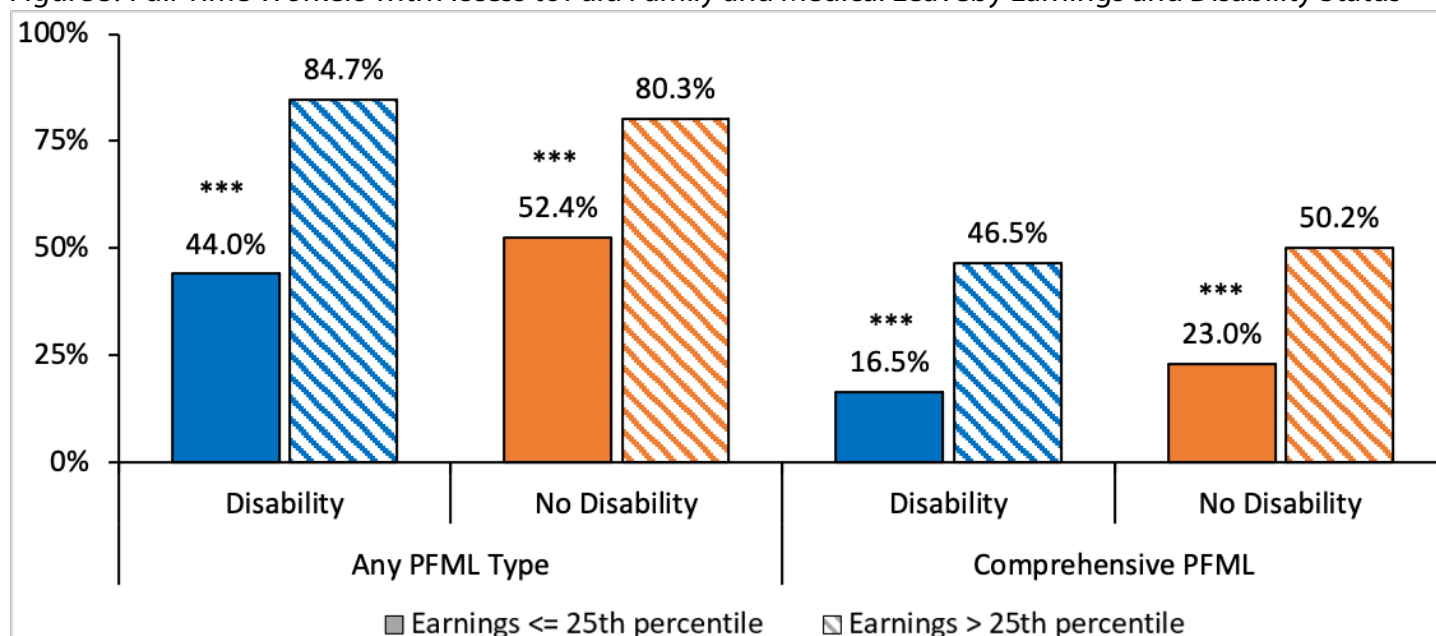
Slightly more than one-quarter (26.5 percent) of workers with disabilities have access to comprehensive PFML, compared to 37.0 percent of workers without disabilities. The share of workers with access to at least one of any PFML type is higher – but still just over one-half (52.3 percent) of workers with disabilities have access to any PFML type, compared to approximately two-thirds (63.7 percent) of workers without disabilities.

Roughly one-half (51.6 percent) of workers with disabilities have access to paid leave for their own illness or medical care, which is particularly important for individuals who may have ongoing health conditions.

The largest gap between people with and without disabilities is in access to paid leave for the birth or adoption of a child – approximately one-third (35.3 percent) of workers with disabilities have access – compared to one-half (50.6 percent) of workers without disabilities.

Among full-time workers, access to paid leave is strongly associated with higher earnings. People with disabilities tend to have lower earnings and tend to work full-time less.

Figure 3. Full-Time Workers with Access to Paid Family and Medical Leave by Earnings and Disability Status



**Notes:** This figure presents the share of full-time ( $\geq 35$  hours per week) wage and salary workers who have access to any PFML type or to comprehensive PFML, by disability status and earnings. PFML types include leave for: a worker's own illness or medical care, illness or medical care of a family member, personal reasons and birth or adoption of a child. The 25th percentile of weekly earnings for full-time workers is \$598 in 2017 and \$635 in 2018. \*/\*\*/\*\* indicates the differences in access to any or all PFML by earnings group is statistically significant at the 10 percent/5 percent/1 percent levels. N = 250 for full-time workers with disabilities and 8,116 for full-time workers without disabilities.

**Source:** Authors' calculations using the 2017/2018 ATUS-LJFM and CPS.

Regardless of disability status, full-time workers in the bottom earnings quartile have access to any PFML type and comprehensive PFML at substantially lower rates compared to full-time workers with higher earnings, and the differences are statistically significant.

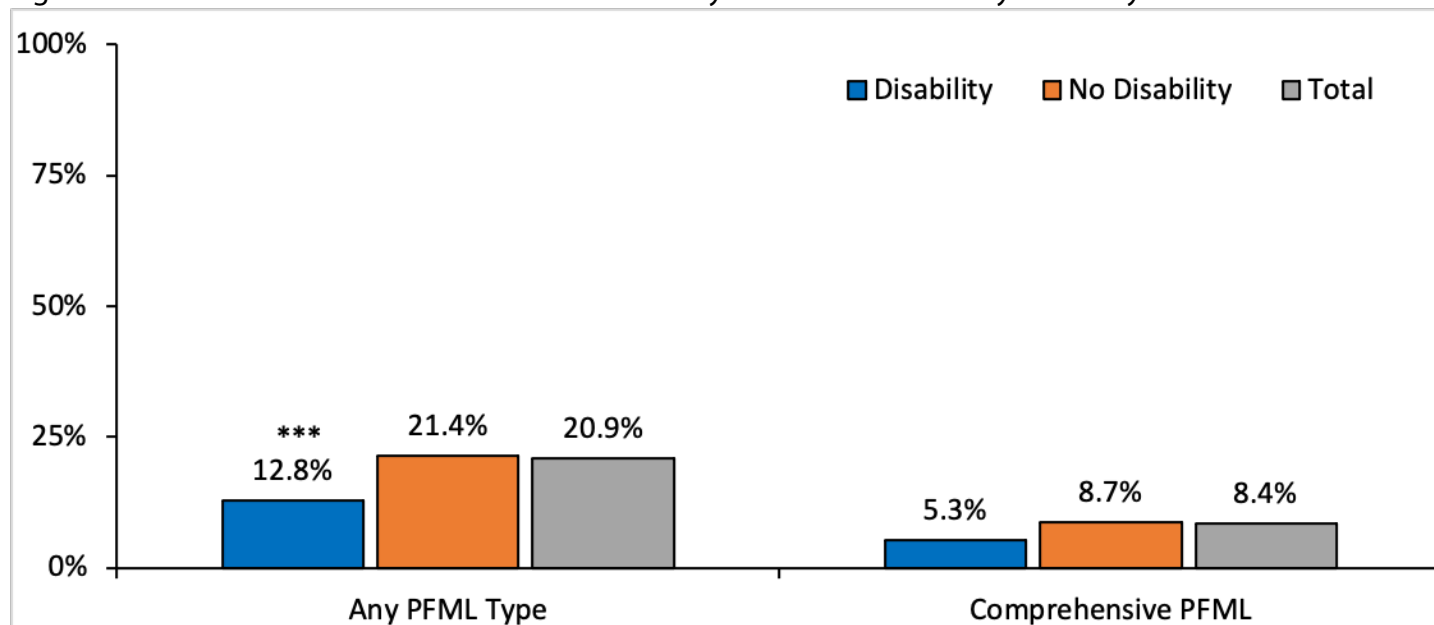
The gap in access to PFML by earnings is larger among workers with disabilities compared to those without disabilities. For instance, higher-earning workers with disabilities have access to comprehensive PFML at nearly three times the rate of low-earning workers with disabilities (46.5 percent vs. 16.5 percent), while higher-earning workers without disabilities have access to comprehensive PFML at approximately twice the rate of low-earning workers without disabilities (50.2 percent vs. 23.0 percent).

Among workers in the bottom earnings quartile, a smaller share of workers with disabilities have access to any PFML type (44.0 percent vs. 52.4 percent) and comprehensive PFML (16.5 percent vs. 23.0 percent) compared to workers without disabilities, but the differences are not statistically significant, which may be due to small sample sizes.

Workers with disabilities work full-time at lower rates compared to workers without disabilities and their average weekly earnings are lower. See Appendix 4 for descriptive statistics comparing workers with and without disabilities.

Part-time workers have much lower access to PFML than full-time workers, and people with disabilities work part-time at higher rates. Even among all part-time workers, there is a significant gap in access between people with and without disabilities.

Figure 4. Part-Time Workers with Access to Paid Family and Medical Leave by Disability Status



**Notes:** This figure presents the share of part-time (< 35 hours per week) wage and salary workers who have access to any PFML type or to comprehensive PFML, by disability status. PFML types include leave for: a worker's own illness or medical care, illness or medical care of a family member, personal reasons and birth or adoption of a child. \*/\*\*/\*\* indicates the differences between people with and without disabilities within each earnings group is statistically significant at the 10 percent/5 percent/1 percent levels.

**Source:** Authors' calculations using the 2017/2018 ATUS-LJFM and CPS.

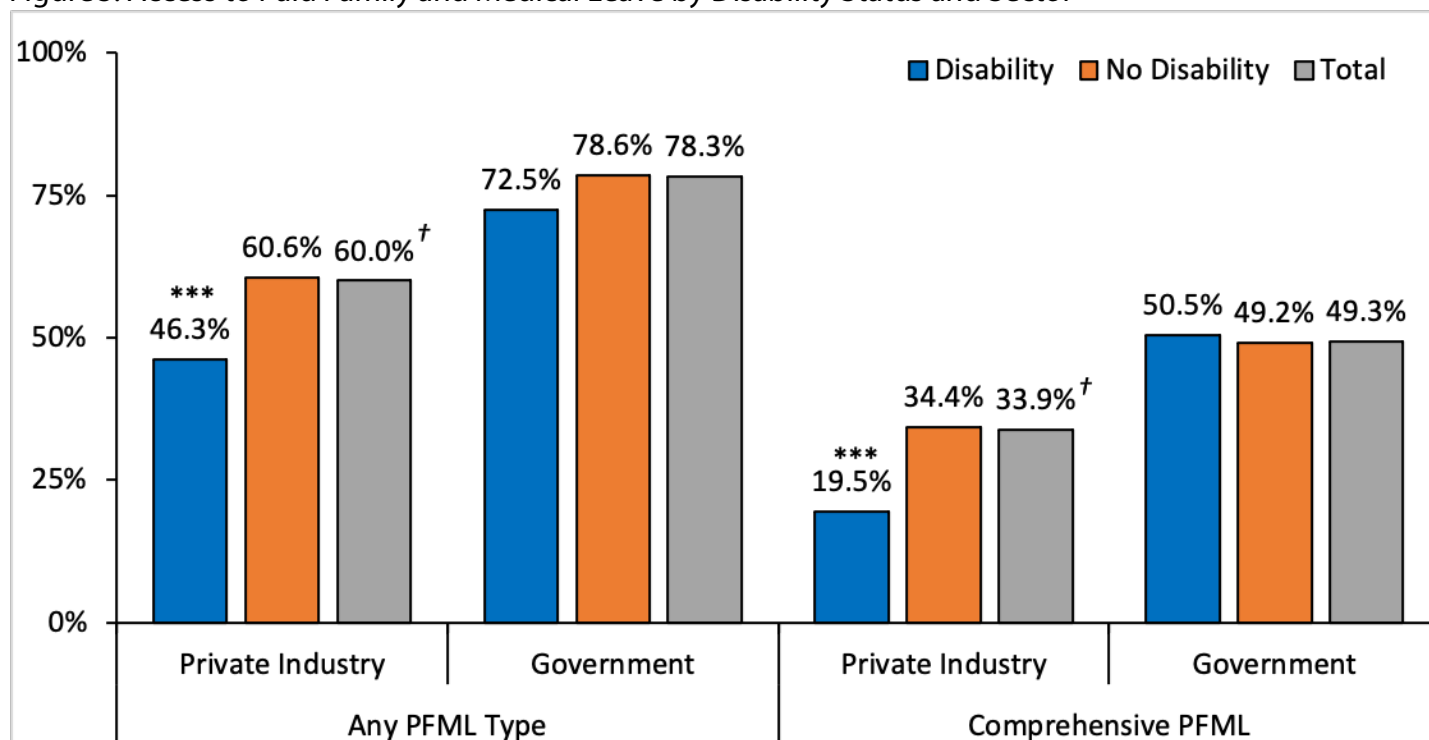
A higher share of people with disabilities work part-time (less than 35 hours per week) compared to people without disabilities: approximately one-third of workers with disabilities, compared to one-fifth of workers without disabilities. See Appendix 4 for additional descriptive statistics comparing workers with and without disabilities.

In total, 20.9 percent of part-time workers have access to at least one of any PFML type and only 8.4 percent have access to comprehensive PFML. These access rates are significantly lower than access rates for full-time workers, as shown in Figure 3.

Twenty-one percent of part-time workers without a disability have access to at least one PFML type compared to 12.8 percent for workers with disabilities, and the difference is statistically significant. Less than 10 percent of part-time workers, both with and without disabilities, have access to comprehensive PFML.

Private industry workers have lower access to PFML than government workers and there are significant gaps in access among private industry workers by disability status.

Figure 5. Access to Paid Family and Medical Leave by Disability Status and Sector



**Notes:** This figure presents the share of wage and salary workers who have access to any PFML type or to comprehensive PFML, by disability status and sector. Government workers include those in local, state, and federal government jobs. PFML types include leave for: a worker's own illness or medical care, illness or medical care of a family member, personal reasons and birth or adoption of a child. \*/\*\*/\* indicates the differences between people with and without disabilities within each sector group is statistically significant at the 10 percent/5 percent/1 percent levels. † indicates the differences between all workers in private industry and government are statistically significant at the 1 percent level.

**Source:** Authors' calculations using the 2017/2018 ATUS-LJFM and CPS.

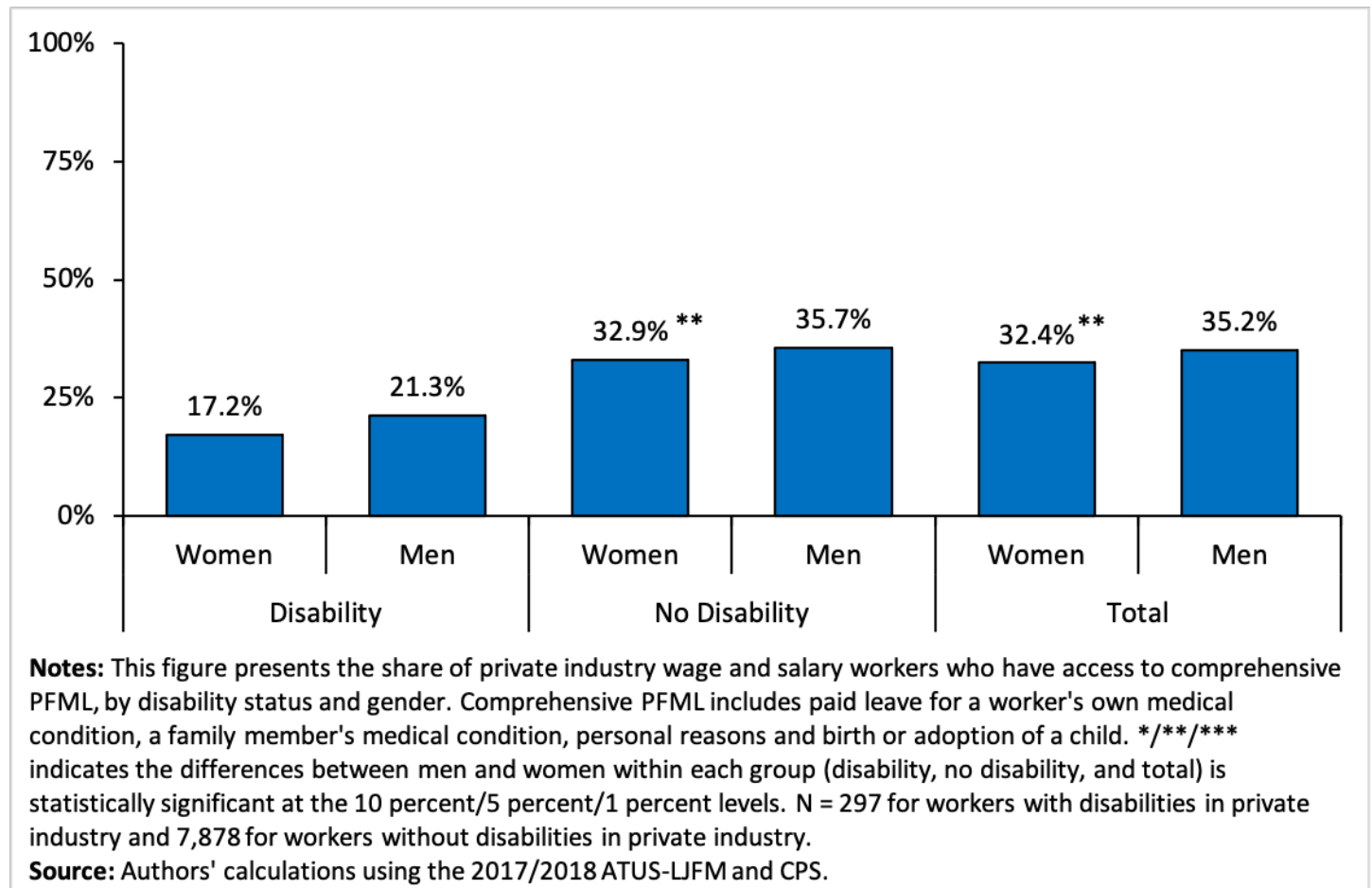
The shares of private industry workers who have access to any PFML type and comprehensive PFML are significantly lower than the shares of workers in local, state and federal government jobs. For instance, 78.3 percent of government workers have access to at least one of any PFML type compared to 60 percent of private industry workers. Further, only one-third (33.9 percent) of private industry workers have access to comprehensive PFML compared to about half of government workers (49.3 percent), and the difference is statistically significant.

There are no statistically significant differences in the share of workers with access to any PFML type or comprehensive PFML among government workers by disability status.

Sixty-one percent (60.6 percent) of workers without disabilities in private industry have access to at least one of any PFML type compared to 46.3 percent of workers with disabilities, and the difference is statistically significant. There are similar, statistically significant gaps in access to comprehensive PFML between workers with and without disabilities in private industry jobs.

Among private industry workers, a higher share of men have access to comprehensive PFML than women do.

Figure 6. Private Industry Workers with Access to Paid Family and Medical Leave by Disability Status and Gender



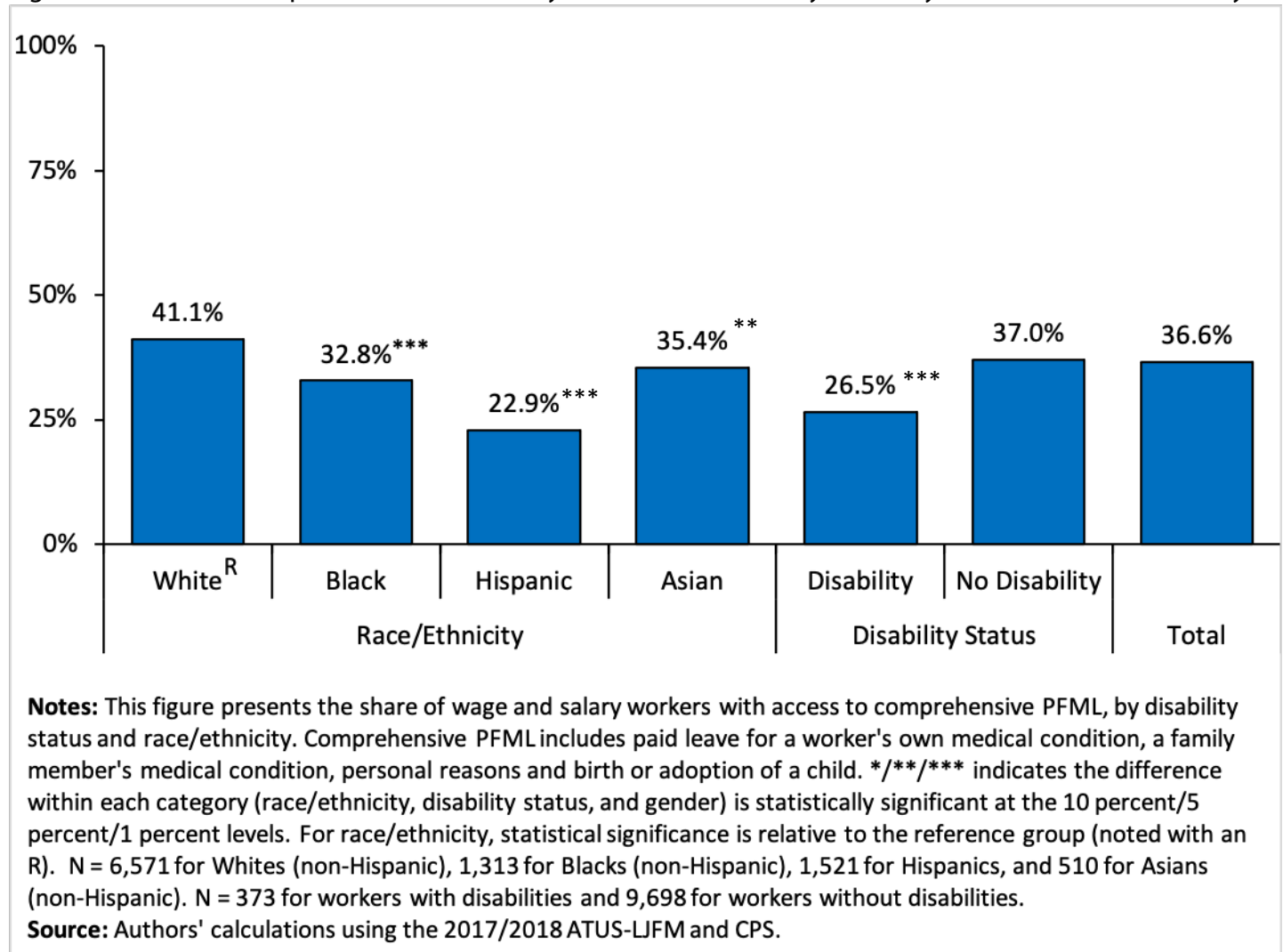
Women in private industry jobs have lower access to comprehensive PFML compared to men in private industry jobs and the difference is statistically significant (32.4 percent vs. 35.2 percent, respectively).

Differences in access to PFML between women and men without disabilities in private industry jobs are statistically significant. Nearly one-third (32.9 percent) of women without disabilities have access to comprehensive PFML compared to 35.7 percent of men without disabilities.

A lower share of women with disabilities in private industry jobs have access to comprehensive PFML compared to men with disabilities (17.2 percent vs. 21.3 percent, respectively), however the differences are not statistically significant, which may be due to the small sample size.

There are significant disparities in the share of workers with access to comprehensive PFML by disability status and race/ethnicity.

Figure 7. Access to Comprehensive Paid Family and Medical Leave by Disability Status and Race/Ethnicity



Hispanic workers have the lowest access to comprehensive PFML among the racial and ethnic groups reported in Figure 7 at just 22.9 percent. Relative to white workers, Black, Hispanic and Asian workers have statistically lower levels of access to comprehensive PFML.

Roughly one-quarter (26.5 percent) of workers with disabilities have access to comprehensive PFML, which is statistically lower than the share of workers without disabilities that have access (37.0 percent).

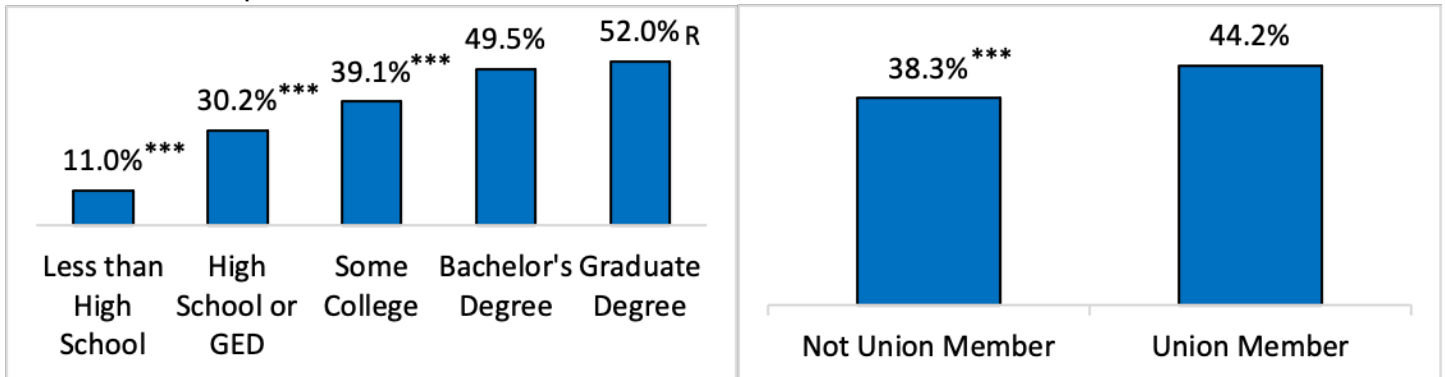


## Other factors associated with access to Paid Family and Medical Leave

Figures 8-10 highlight other factors associated with access to PFML, including: educational attainment (for workers age 25 and older), union membership, industry and occupation group for all workers. \*/\*\*/\*\* indicates that the difference between groups is significant at 10/5/1 percent levels. If more than two groups are included, significance is relative to the reference group (noted with an R).

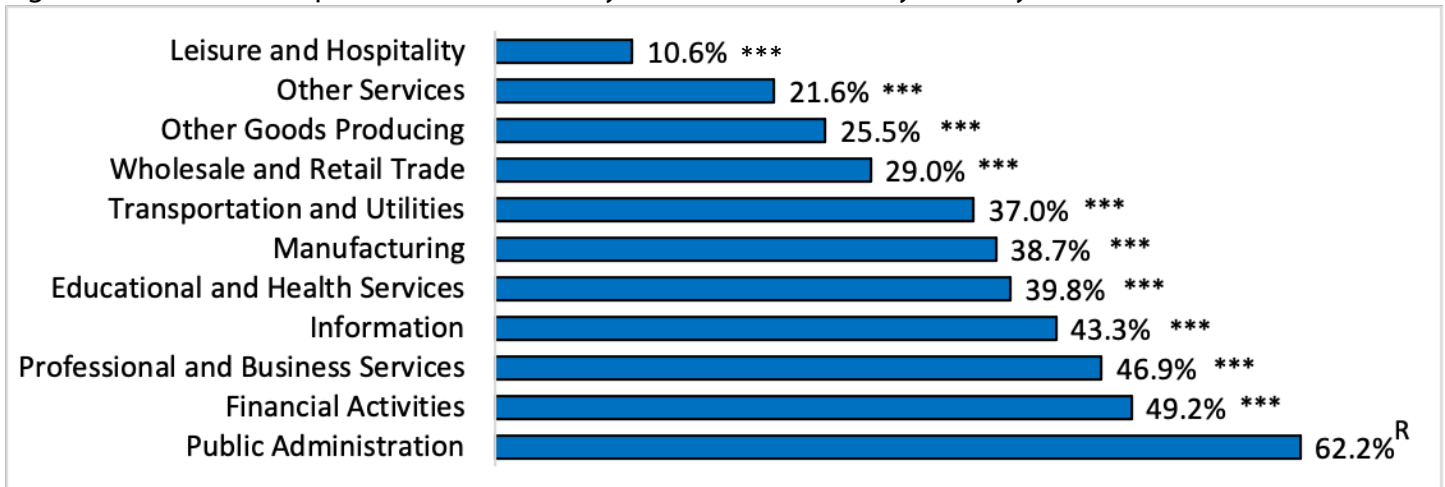
### Educational Attainment and Union Membership

Figure 8. Access to Comprehensive Paid Family and Medical Leave by Educational Attainment (age 25+) and Union Membership



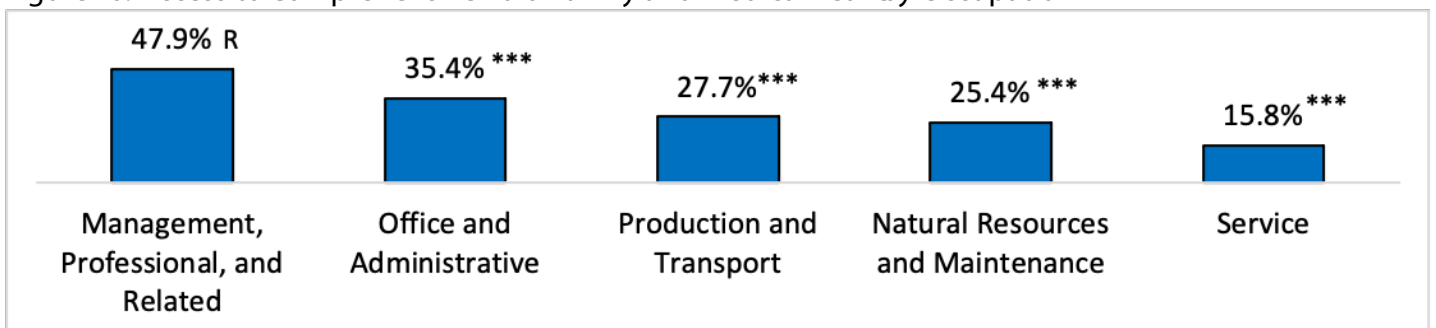
### Industry

Figure 9. Access to Comprehensive Paid Family and Medical Leave by Industry



### Occupation

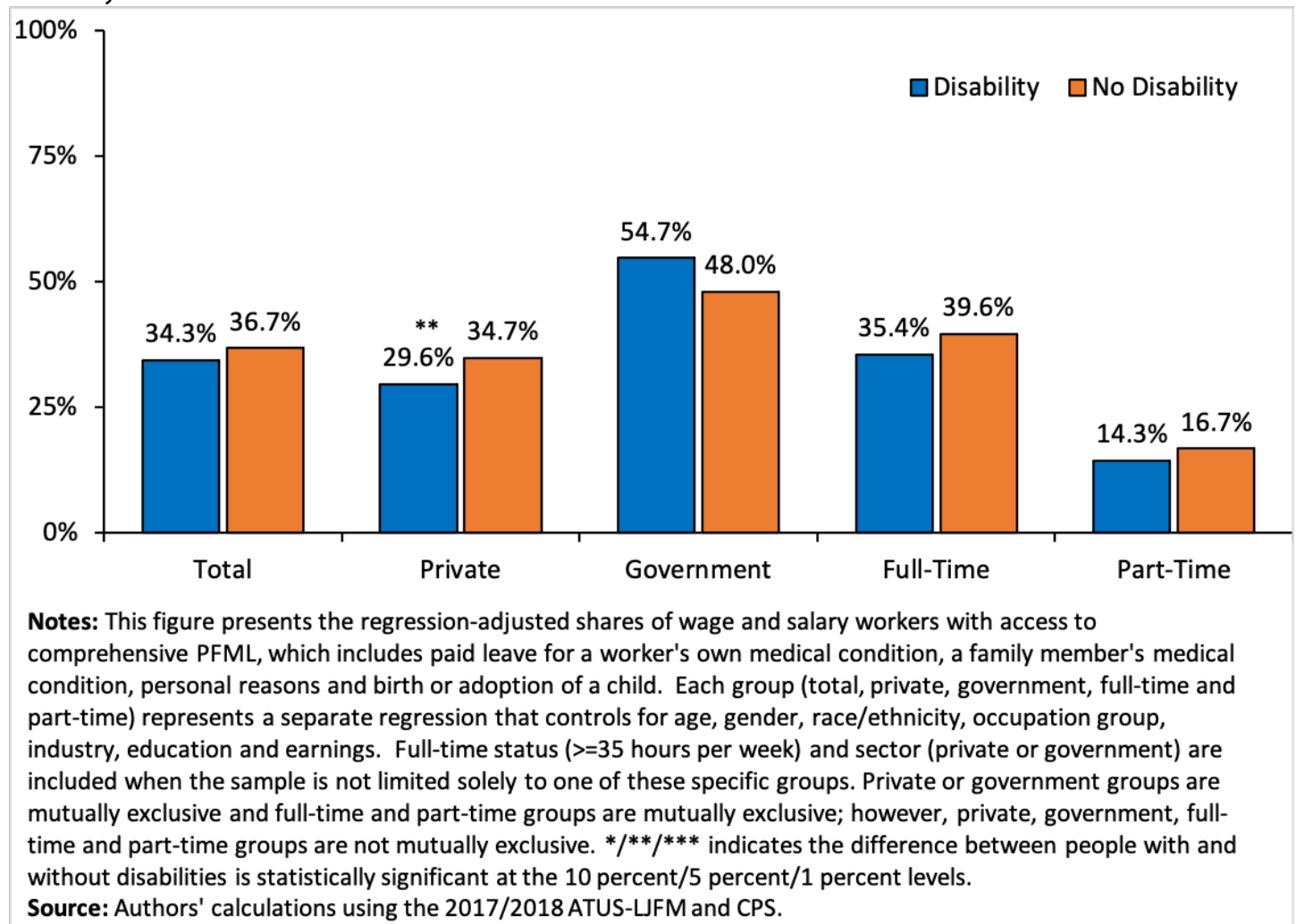
Figure 10. Access to Comprehensive Paid Family and Medical Leave by Occupation





When controlling for other factors that influence access to PFML, disparities in access between people with and without disabilities are most prevalent among private industry workers.

Figure 11. Regression-Adjusted Estimates of Access to Comprehensive Paid Family and Medical Leave by Disability Status and Other Characteristics



When controlling for differences in age, gender, race/ethnicity, occupation group, industry, education and earnings, the only significant gap in access to comprehensive PFML between people with and without disabilities in the groups shown in Figure 11 is among private industry workers.

The share of workers with disabilities in private industry with access to comprehensive PFML is five percentage points lower than the share of workers without disabilities (29.6 percent vs. 34.7 percent), and the difference is statistically significant.

Government workers have the highest levels of access to comprehensive PFML, and a higher share of workers with disabilities have access (54.7 percent) compared to those without disabilities (48.0 percent), though the difference between the two groups is not statistically significant.

## Conclusions

PFML provides critical income protections to workers in times of need. All workers, including workers with disabilities, face the risk of not being able to work due to their own medical condition or their need to care for a loved one with a serious condition. For instance, research suggests that by age 56, 41 percent of working men<sup>19</sup> and 46 percent of working women<sup>20</sup> will experience a work-limiting health condition, and a portion of those workers will experience a chronic impairment lasting years. A recent survey of 2,029 adults 18 years of age or older found that about half of working adults say they have taken leave at some point to care for a seriously ill family member or are likely to in the future.<sup>21</sup> In addition, many workers will welcome a new child into their family and do not want to have to choose between bonding with their new child or securing a paycheck. A growing number of states have adopted PFML programs to cover all (or most) workers, but PFML is primarily provided voluntarily by employers in the U.S., which has led to large inequities in access.

As this brief describes, access to PFML has increased over time but a substantial portion (63.4 percent) of the workforce does not have comprehensive PFML. Workers with disabilities have lower levels of access to PFML compared to workers without disabilities (26.5 percent vs. 37.0 percent); though differences in earnings and weekly hours worked explain much of the gap. Workers with disabilities work full-time at lower rates and tend to have lower earnings compared to workers without disabilities, and full-time and high-earning workers have higher levels of access to PFML.

The share of full-time workers with comprehensive PFML is more than five times higher than the share of part-time workers (43.3 percent vs. 8.4 percent) and there are substantial differences in access among full-time workers by earnings. Less than one-quarter (22.8 percent) of full-time workers in the bottom earnings quartile have comprehensive PFML, compared to half (50.1 percent) of full-time workers earning more. Further, the gap in access to PFML by earnings among full-time workers is larger among workers with disabilities compared to those without disabilities. Higher-earning workers with disabilities have access to comprehensive PFML at nearly three times the rate as low earning workers with disabilities (46.5 percent vs. 16.5 percent), while higher-earning workers without disabilities have access at about twice the rate of low-earning workers without disabilities (50.2 percent vs. 23.0 percent).

There are stark differences in access rates between workers in government and private industry jobs. Only one-third (33.9 percent) of private industry workers have access compared to about half (49.3 percent) of government workers. While there are statistically significant gaps in access between workers with and without disabilities in private industry (19.5 percent vs. 34.4 percent), there are no significant gaps in access among government workers.

There are racial/ethnic and gender disparities in access as well. Hispanic workers have the lowest access rate (22.9 percent) of the groups examined, and women in private industry jobs have lower rates of access compared to men (32.4 percent vs. 35.2 percent). Additionally, there are differences in access to PFML by educational attainment, occupation, industry and union membership. Based on the current landscape of federal policy and employer practices, workers least able to cover the costs associated with time off work for family and medical reasons, including workers with disabilities, are least likely to have PFML.

## Appendix 1: Summary of Sick, Medical, and Family Leave Types

Table 1 summarizes differences between medical leave, family leave and sick leave. A key distinction between sick and medical leave is that sick leave is intended for short-term medical needs, including preventative care, whereas medical leave is intended for time off work to recover from a serious medical condition that requires longer absences from work.<sup>22</sup> Further, paid sick leave is generally funded entirely by employers and often replaces 100 percent of the worker's wage during time away from work, though the replacement rate may vary by employer and location.<sup>28</sup> Medical leave may be funded by employer and/or employee contributions to an insurance fund, depending on the source of the medical leave insurance (private insurance vs. state PFML program), and typically only replaces a portion of the worker's wage during time away from work.<sup>28</sup>

Medical leave (through private insurance or a state PFML program) covers conditions that are not work-related. Workers who experience an injury or illness that is a direct result of their job are covered by state-mandated workers' compensation insurance. Workers' compensation insurance provides cash wage-replacement benefits for time away from work within state guidelines, and covers relevant medical expenses up to maximum amounts for workers with work-related conditions that meet state compensability requirements. Workers' compensation is mandatory for private-sector employers in all states, with limited exemptions for small employers and workers in specific classifications, such as agricultural or domestic employees, with the exception of Texas where workers' compensation insurance is voluntary.<sup>23</sup> In 2018, 97.6 percent of unemployment insurance covered jobs were also covered by workers' compensation.<sup>23</sup>

Table 1. Comparison of Sick, Medical, and Family Leave Types

Type of leave	Description	Common sources of wage replacement	Common sources of leave and job protection
Sick and safe leave	Leave lasting hours or days; for short-duration illness, injuries and preventative care or needs arising from critical safety issues such as domestic violence, stalking and sexual assault.	<ul style="list-style-type: none"> <li>• Employer - voluntary</li> <li>• Employer - mandated by state or local laws</li> </ul>	<ul style="list-style-type: none"> <li>• Employer</li> <li>• State and local laws</li> </ul>
Medical leave (short-term or temporary disability)	Leave lasting weeks or months; used to address serious illness and recover before return to work.	<ul style="list-style-type: none"> <li>• Employer</li> <li>• Private short-term disability insurance</li> <li>• State-run temporary disability insurance</li> </ul>	<ul style="list-style-type: none"> <li>• Employer</li> <li>• State laws (including DC and Puerto Rico)</li> <li>• FMLA</li> </ul>
Family Leave (including parental Leave)	Leave lasting weeks or months; for new children in the household, care of a family member's serious illness, military family needs.	<ul style="list-style-type: none"> <li>• State-run family and medical leave insurance or temporary caregiver insurance</li> </ul>	<ul style="list-style-type: none"> <li>• Americans with Disabilities Act</li> <li>• Pregnancy Discrimination Act</li> </ul>
Notes: Table adapted from Department of Labor 2016 and Smalligan and Boyens 2020. <sup>24,25</sup> It is illustrative but not comprehensive. Some other sources of wage replacement and leave and job protection include union contracts and requirements for federal contractors. For example, Executive Order 13706, Establishing Paid Sick Leave for Federal Contractors (EO), requires certain parties that contract with the Federal Government to provide their employees with up to seven days of paid sick leave annually, including paid leave allowing for family care. <sup>26</sup>			

## Appendix 2: Comparing the FMLA and State Paid Family and Medical Leave

The FMLA provides eligible workers with a federal entitlement to 12 weeks of unpaid, job-protected leave for certain family and medical reasons. However, current FMLA eligibility requirements leave a large portion of the workforce without coverage (e.g. many part-time workers). As of 2018, only one-half (56 percent) of wage and salary workers were eligible to take leave under the FMLA if they experienced a qualifying family or medical event.<sup>5</sup> While the FMLA provides job-protected, unpaid leave for eligible workers, it does not protect workers against the financial risks from extended work disruptions, given that it does not require employers to provide any pay during the period of leave. Table 2 summarizes differences in eligibility criteria between the FMLA and state PFML programs.

As of September 2021, nine states and the District of Columbia either have active, state-run comprehensive PFML programs (California, the District of Columbia, Massachusetts, New Jersey, New York, Rhode Island and Washington) or are implementing comprehensive programs (Colorado, Connecticut and Oregon).<sup>27</sup> Each state law and program is unique, but similarities exist among state-run, comprehensive programs in eligibility requirements and program design.<sup>28,29</sup> The state programs cover similar types of family and medical events and provide partial wage replacement to workers during time away from work for qualifying conditions. Other factors that vary across state programs include the funding structure, employee and/or employer contributions, work and income requirements to qualify for coverage, the definition of a covered family member, the wage replacement rate, minimum and maximum weekly benefits, the duration of benefits and others. For a detailed description of differences in state PFML insurance laws, see National Partnership for Women and Families 2021.<sup>30</sup>

California, New Jersey, New York and Rhode Island have longstanding short-term disability insurance programs and, in recent years, enacted paid family leave programs that serve as a complement to provide comprehensive paid family and medical leave insurance to workers. For example, eligible workers in California have up to 52 weeks of short-term disability insurance benefits for their own temporary disability.<sup>31</sup> In addition, eligible workers have 8 weeks of family leave benefits to cover the arrival of a new child by birth, adoption or foster care, or a serious health condition of a close family member.<sup>32</sup>

In contrast, Colorado, Connecticut, the District of Columbia, Massachusetts and Oregon enacted PFML programs in recent years that combine family and medical leave and offer eligible workers a total benefit level, which can be allocated across qualifying child, caregiving and medical needs based on statutory limits in each jurisdiction. For example, eligible workers in the District of Columbia have a total of 8 weeks of paid family and medical leave. From this total, up to 2 weeks can be used towards their own serious health condition; up to 6 weeks can be used for a serious health condition of a close family member; or all 8 weeks can be used for the arrival of a new child by birth, adoption or foster care.<sup>33</sup>

Additionally, Hawaii has a temporary disability insurance law that requires employers to provide partial wage-replacement insurance coverage to eligible employees for nonwork-related injury or sickness, including pregnancy.<sup>34</sup> Puerto Rico has a temporary disability insurance law which allows employers to choose between paying into a public insurance pool and providing private or self-funded insurance.<sup>35</sup> Puerto Rico also mandates employers to provide paid maternity leave. In July 2021, New Hampshire enacted a law that will create a voluntary, opt-in PFML insurance pool for private employers and allow private employees to opt-in to the state-run pool themselves if their employer does not choose to opt-in.<sup>36</sup>

Table 2. Comparison of Federal FMLA and State PFML Laws

Family and Medical Leave Act (FMLA)		Comprehensive State Paid Family and Medical Leave (PFML) Laws (including District of Columbia)
Covered Employers	<ul style="list-style-type: none"> <li>• All public agencies</li> <li>• All public and private elementary and secondary schools</li> <li>• Companies with 50+ employees</li> </ul>	<ul style="list-style-type: none"> <li>• Commonly, all private employers in a state are covered; for instance, in five out of ten states (CA, DC, MA, NJ, RI) all employers that pay unemployment insurance taxes are covered, and in an additional three states (CT, NY, WA) private employers with at least one employee are covered.</li> <li>• In five out of ten states (CO, CT, MA, OR, WA) some public sector employers such as state, municipal and/or tribal governments are automatically covered; in three of the other five states (CA, RI, NY), public employers may opt in. NJ has a hybrid approach: public employers automatically cover employees for paid family leave but employers must opt in for medical leave coverage.</li> </ul>
Eligible Employees	<ul style="list-style-type: none"> <li>• Work for a covered employer</li> <li>• Worked 12+ months and</li> <li>• 1,250+ hours over the past 12 months and</li> <li>• Work at a location where the company employs 50+ employees within 75 miles</li> </ul>	<ul style="list-style-type: none"> <li>• Seven out of ten states (CA, CO, CT, MA, NJ, OR, RI) specify eligibility based on wages earned in a base period, such as the four most recent quarters, with flexibility for those who have worked for less than a year or were unemployed during part of the time.</li> <li>• Minimum earnings for eligibility range from \$300 (CA) to \$11,000 (NJ) in the base period. All states that use earnings to determine employee eligibility count combined earnings from multiple employers.</li> <li>• Three out of ten states (DC, NY, WA) define full benefit eligibility based on work length (no earnings requirement), ranging from four consecutive weeks (NY) to one year (DC).</li> <li>• Eight out of ten states (CA, CO, CT, DC, MA, NY, OR, WA) allow self-employed workers to opt in.</li> </ul>
<p>Notes: Table adapted from Department of Labor and A Better Balance 2021.<sup>37,38</sup> It is illustrative but not comprehensive. Nine states and the District of Columbia either have active comprehensive PFML programs (CA, DC, MA, NJ, NY, RI, and WA) or are implementing comprehensive PFML programs (CO, CT, and OR).</p>		

## Appendix 3: Summary Literature Review

Employees with paid family or medical leave experience direct economic and health benefits. There is evidence that in states with PFML programs, people with short-term disabilities are more likely to return to work, less likely to experience financial burden and their spouses are less likely to reduce their working hours during their spouse's recovery period.<sup>39,40,41,42</sup> Other studies have found that parents and caregivers with access to paid leave had improved mental and physical health,<sup>43</sup> such as lower stress levels and higher self-rated health.<sup>44</sup> Income protection for family and medical leave may be especially important for low-income individuals. In a 2016 survey of 2,029 adults 18 years of age or older, it is estimated that more than half of workers with income below \$30,000 who only received some or no pay while on parental leave reported taking on debt to replace lost wages, and half have reported failing to pay bills on time as a result of lost wages.<sup>9</sup>

People who receive care from a family member or loved one who can use paid family leave also benefit. Paid leave programs for parents are linked to improved infant health, child development and child health in the form of higher birth weights and fewer premature births;<sup>45</sup> fewer infant hospitalizations;<sup>46</sup> and lower overweight, ADHD and hearing problem incidence.<sup>47</sup> The benefits may also be greatest for disadvantaged families. An analysis of five state temporary disability insurance programs found that the infant health benefits of paid maternity leave were greatest for children of unmarried and Black mothers.<sup>45</sup> Further, implementation of California's comprehensive PFML program increased the amount of time that high school educated, unmarried Hispanic, and Black mothers took off from work after birth, which brought them closer to parity with their college-educated, married, non-Hispanic white peers who tended to take more time off after birth.<sup>48</sup>

PFML programs can be advantageous to employers as well. Studies have found that employers in states that have implemented PFML programs are not burdened by higher wage costs and experience lower expenses and employee turnover,<sup>49</sup> have little difficulty adjusting to new PFML requirements<sup>50</sup> and experience improvement in the ease of handling long employee absences.<sup>51</sup> Finally, PFML may reduce the burden on public assistance programs. Low-wage earners are nearly four times more likely than non-low-wage workers to seek help from public assistance programs to cover lost wages when they receive no or partial pay while on family or medical leave.<sup>9</sup> In addition, one study found that low-income mothers in states with paid leave programs were less likely to enroll in the Supplemental Nutrition Assistance Program (SNAP; formerly known as Food Stamps) after having children.<sup>52</sup> Findings on whether access to short-term disability or medical leave reduces Social Security Disability Insurance (SSDI) claiming<sup>53</sup> or long-term disability insurance enrollment<sup>54</sup> are mixed. Further research is necessary to understand how short-term disability coverage could affect the uptake of SSDI benefits.



## Appendix 4: Summary Statistics

Table 3. Summary Statistics

	Disability	No Disability	p-value
Number of Observations	373	9,698	
Weighted Number of Observations	5,480,412	138,814,567	
Access to Paid Family and Medical Leave			
Access to Any PFML Type	52.3%	63.7%	0.001
Access to Comprehensive PFML	26.5%	37.0%	0.001
Demographic Information			
Age	48.59	40.62	0.000
Female	44.6%	48.3%	0.263
White Non-Hispanic	72.7%	63.9%	0.001
Black Non-Hispanic	13.8%	11.9%	0.324
Hispanic	10.4%	17.2%	0.000
Asian Non-Hispanic	1.4%	5.5%	0.000
Other Race – Non Hispanic	1.8%	1.6%	0.773
Bachelor's Degree or Higher (age 25+)	32.6%	45.6%	0.000
Earnings and Job Characteristics			
Weekly earnings	\$744.89	\$997.08	0.000
Full-time Worker (>=35 hours per week)	66.4%	81.4%	0.000
Private Industry	77.2%	82.6%	0.078
Government	22.8%	17.4%	0.078
Union Member	11.8%	11.4%	0.871
Occupation Group			
Management, Professional, and Related	36.3%	45.9%	0.002
Service	23.0%	14.2%	0.002
Office and Administrative	18.6%	21.1%	0.316
Natural Resources and Maintenance	7.7%	7.6%	0.962
Production and Transportation	14.4%	11.3%	0.127
Industry			
Other Goods Producing	5.8%	6.3%	0.690
Manufacturing	7.9%	11.4%	0.040
Wholesale and Retail Trade	11.5%	12.5%	0.593
Transportation and Utilities	5.3%	5.1%	0.906
Information	0.6%	1.9%	0.002
Financial Activities	7.2%	7.2%	0.994
Professional and Business Services	10.2%	11.7%	0.487
Educational and Health Services	28.6%	25.7%	0.323
Leisure and Hospitality	10.4%	9.3%	0.516
Other Services	6.4%	3.7%	0.054
Public Administration	6.1%	5.2%	0.577
Notes: This table reports descriptive statistics for people with and without disabilities from the 2017/2018 ATUS-LJFM and p-values for tests of statistical significance between people with and without disabilities. All estimates are weighted using replicate weights.			

Table 4. Percentage of ATUS-LJFM Respondents who Answered "Do Not Know" About Access to Paid Leave.

Paid Leave Type	Disability	No Disability	Total
Own Illness or Medical Care	0.5%	0.6%	0.6%
Illness or Medical Care of Family Member	3.6%	3.9%	3.9%
Personal Reasons	2.2%	1.3%	1.3%
Birth or Adoption of Child	10.9%**	6.0%	6.2%
Any PFML Type (answered "DNK" to one or more PFML types)	14.3%**	9.4%	9.6%
All PFML Types (answered "DNK" to all PFML type questions)	0.0%	0.0004%	0.0004%
Notes: This table presents the percentage of respondents who answered they "Do Not Know (DNK)" if they have access to the specified paid leave type. */**/** indicates the difference between people with and without disabilities is statistically significant at the 10 percent/5 percent/1 percent levels. Source: Authors' calculations using the 2017/2018 ATUS-LJFM.			

ATUS-LJFM respondents may answer "Yes," "No" or "Do Not Know" to questions about access to different types of paid leave. The analysis in this report records individuals who said "Yes" as having access to the specified paid leave type, and those who respond "No" or "Do Not Know" as not having access. As Table 4 shows, the percentage of respondents who answer "Do Not Know" varies from a low of 0.6 percent for questions about paid leave for one's own illness or medical care to a high of 6.2 percent for paid leave for birth or adoption of a child. The proportion of people with disabilities who answer "Do Not Know" to the question about having paid leave for the birth or adoption of a child is higher than the proportion of people without disabilities (10.9 percent vs. 6.0 percent;  $p < 0.05$ ). However, there are no statistically significant differences in the proportions of respondents who answer "Do Not Know" for other paid leave types. Excluding the "Do Not Know" responses yields similar estimates of access to PFML as reported in this brief. The results are available upon request.



## Appendix 5: Estimates of Access to Paid Leave from Different Sources

Three recent DOL-sponsored surveys are commonly cited in comparisons of access to paid leave: the National Compensation Survey (NCS),<sup>4</sup> FMLA Employee Survey (FMLA)<sup>55</sup> and the American Time Use Survey (ATUS) Leave and Job Flexibilities Module (ATUS-LJFM). Estimates vary based on what types of leave each survey specifies and whether they are employer (NCS) or employee-based (FMLA, ATUS) surveys. This brief examined the ATUS because it is the only survey of these three that includes six disability questions commonly used to identify people with disabilities. Figure 12 summarizes estimates of access to different types of paid leave from different sources in 2018.

A key difference between the employer NCS survey and the employee FMLA and ATUS surveys is how they categorize sick and medical leave. The NCS asks employers to report employee access to sick leave and short-term disability insurance separately, whereas the FMLA employee survey and the ATUS ask workers if they are able to take time off from work due to their own injury or illness, without making a distinction between sick leave and short-term disability. For example, most employees are unlikely to know the distinction between sick and medical leave,<sup>56</sup> which likely explains why the FMLA employee survey and the ATUS-LJFM do not separately ask about sick and medical leave. Some employees may be covered by paid sick leave and report that they are able to take paid leave for their own injury or illness, but are not covered for medical events that require more time away from work and would typically be covered under medical leave as part of a PFML program. As such, the ATUS-LJFM (and the FMLA employee survey) may over-estimate the share of the workforce with paid leave for certain medical conditions requiring extended leave that would likely be covered by a PFML program.

As Figure 12 shows, there are similarities and differences in estimates of access from each data source. The following leave types match across sources:

### ATUS-LJFM, NCS, FMLA: paid sick leave and paid personal leave

- Sick leave: though there may be differences in defining sick leave across surveys, the estimates of the share of workers with access to paid sick leave are relatively similar from each source, ranging from a low of 62 percent in the ATUS-LJFM to a high of 74 percent in the NCS. Further, the NCS specifically defines this category as “paid sick leave,” while the ATUS-LJFM and FMLA surveys ask workers if they are able to take paid leave for their “own illness or medical condition.”
- Personal leave: Estimates from the NCS and ATUS-LJFM are nearly identical at 45 to 46 percent, compared to 30 percent in the FMLA survey.

### ATUS-LJFM and FMLA: paid leave to care for an ill family member, eldercare and routine childcare

- Paid leave to care for an ill family member: The ATUS-LJFM and FMLA surveys report that between 51 to 58 percent of workers are able to take paid leave to care for a sick family member.
- Eldercare and routine childcare: These paid leave types are typically not covered under a PFML program. Estimates from the ATUS-LJFM and FMLA surveys for eldercare are nearly identical at 36 and 38 percent, respectively. Estimates from the ATUS-LJFM and FMLA surveys for childcare are nearly identical at 37 and 36 percent, respectively.

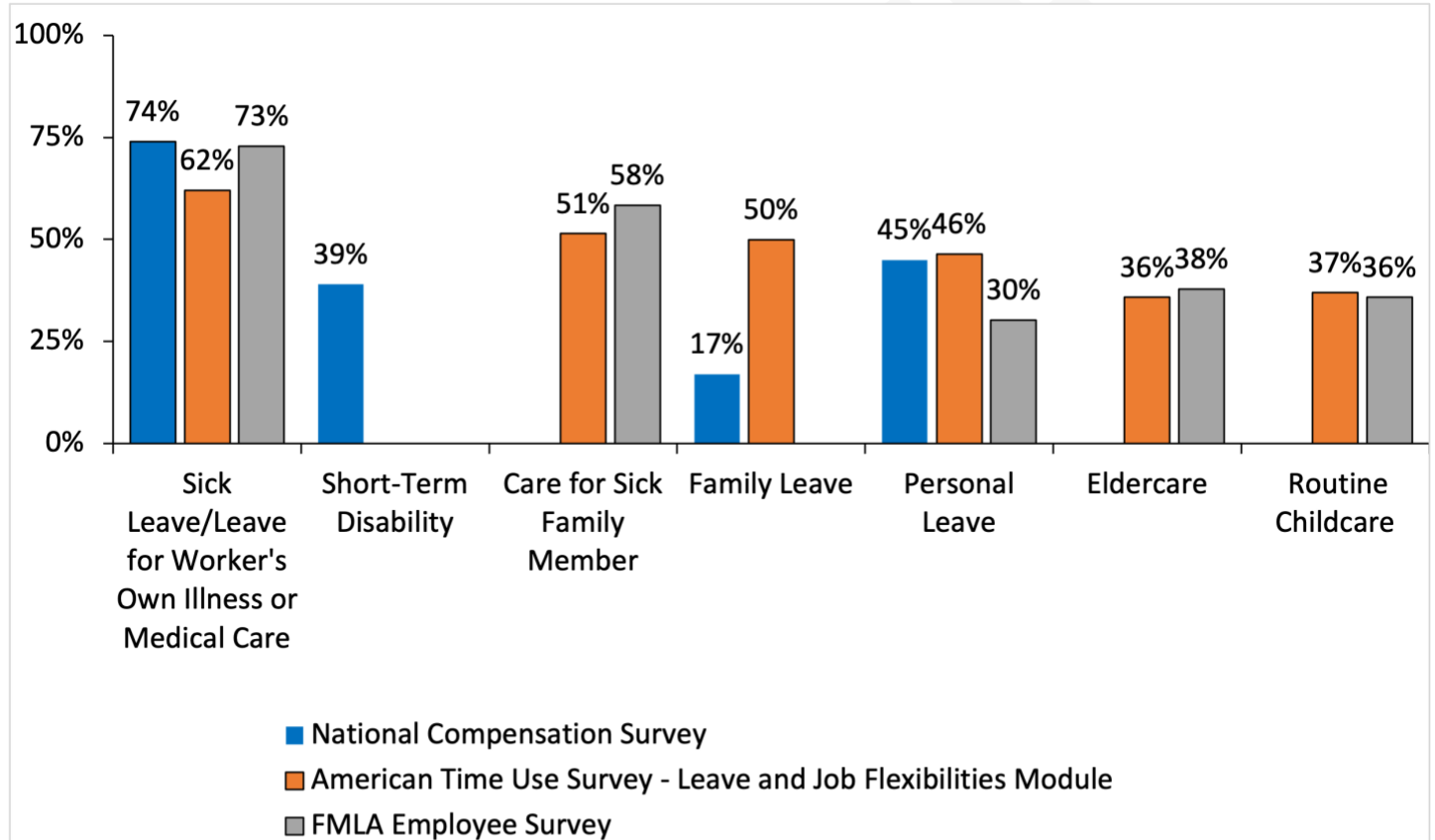
### ATUS-LJFM and NCS: paid family leave

- In the ATUS, half (50 percent) of workers are able to take paid family leave compared to 17 percent of workers in the NCS. This may be due to differences in the way paid family leave is measured in

the ATUS-LJFM and NCS. For instance, NCS notes that “paid family leave is given in addition to any sick leave, vacation, personal leave or short-term disability leave that is available to the employee.”<sup>57</sup> However, this distinction is not made in the ATUS-LJFM, which may lead more workers to indicate they have access to paid family leave for the birth or adoption of a child specifically for that reason, compared to the NCS where some parental leave coverage may be included under other leave types.

- NCS: short term disability insurance
  - The NCS is the only survey that provides an estimate of the share of workers eligible for short-term disability insurance. According to the NCS, 39 percent of workers had access to short-term disability insurance in 2018.

Figure 12. Estimates of Access to Paid Leave from Different Sources



**Notes:** This figure presents estimates of the share of wage and salary workers with access to various paid family and medical leave types. Paid sick leave and paid personal leave estimates are available from each source. Paid leave to care for an ill family member, eldercare and routine childcare are available from the FMLA and ATUS-LJFM, but not available from the NCS. Paid family leave estimates are available from the NCS and ATUS-LJFM. Short-term disability insurance access estimates are only available from the NCS.

**Source:** 2018 National Compensation Survey (NCS), 2018 FMLA Employee Survey, 2017-2018 ATUS-LJFM.

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## About ODEP

ODEP promotes policies and coordinates with employers and all levels of government to increase workplace success for people with disabilities. ODEP's mission is to develop and influence policies and practices that increase the number and quality of employment opportunities for people with disabilities. For more information please visit the [ODEP Website](#).